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Bib Data Sheet

CONFIRMATION NO. 4058

SERIAL NUMBER 10/054,749	FILING DATE 01/18/2002 RULE	CLASS 707	GROUP ART UNIT 2171	ATTORNEY DOCKET NO. 015358-006710US
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CIP OF 09/958,000 09/20/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 02/06/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	10	66	6
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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